**Care Management**

Care Management aims to provide help for adults of all ages who experience difficulty coping with everyday activities due to disability, illness and/or the ageing process. The aim of Community Care is to provide a comprehensive service to enable people to remain as independent as possible within the community.

You may be eligible for help from Care Management if you:

* Are a resident in Aberdeen City.
* Are having difficulty coping with daily living activities due to permanent or temporary illness and/or disability.
* Are having difficulty coping with daily living activities due to the ageing process.
* Have a terminal illness.

**Like most other authorities in Scotland, we have revised our eligibility criteria and have raised the threshold at which citizens can expect to receive a service.  We have done this in order to protect our ability to provide vital care packages to those in greatest need.**

**There is a leaflet available '**[**Entitlement to Adult Care Services**](http://www.aberdeencity.gov.uk/nmsruntime/saveasdialog.asp?lID=18932&sID=6733)**' which gives details about our eligibility criteria, this can be accessed via the Aberdeen City Council website.**

What we can provide:

* An assessment of your ability and needs that generally takes place at home. During the assessment your physical, psychological, social and cultural needs and the needs of your carer will be taken into consideration.
* Advice to you and your carers on coping with problems that arise in everyday life as a result of your condition.
* Support services to assist individuals to live at home. This may include personal care, meals service, community alarm and day care.
* Admission to residential care for those individuals no longer able to live at home.
* A service to respond to and manage appropriately any concern about the protection of vulnerable adults.

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| --- |
| Care Management Referral Form: All Boxes Marked with a \* are mandatory. |

Service User:

|  |  |  |  |
| --- | --- | --- | --- |
| Name\* |  | Date of Birth\* |  |
| Address\* |  | Contact Phone Number\* |  |
| Gender |  | Local authority number |  |

G.P:

|  |  |  |  |
| --- | --- | --- | --- |
| G.P |  | Practice\* |  |
| Telephone Number |  | Address |  |

Next of Kin:

|  |  |  |  |
| --- | --- | --- | --- |
| Name\* |  | Relationship\* |  |
| Contact Number\* |  | Address |  |

Referrer Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name\* |  | Relationship\* |  |
| Contact Number\* |  | Address\* |  |

|  |  |
| --- | --- |
| \*Reason for Referral |  |
| \*Relevant Medical Information/History |  |
| \*Functional Abilities and Activities of Daily Living (e.g. mobility, personal care, meal preparation, medication, socialisation, personal safety, cognitive ability) |  |
| \*Do you have a carer?  If yes, please provide their name, address and telephone number.  What do they provide support with? |  |
| \*Knowledge of technology in the home  (e.g. Do you have access to a smart phone, tablet, laptop, internet, Alexa)  What do you currently use these devices for?  Are you comfortable using these devices? |  |

Please return this form to: Hub 8, First Floor North, Marischal College, Broad Street, Aberdeen, AB10 1AB or email to Caremgtadmin@aberdeencity.gov.uk

All sections must be completed accurately for a referral to be processed.